Committee Minutes
MSSNY Committee for Physician Wellness and Resilience
February 14, 2020 @ 7:30 AM via Webex

Present
Arthur Fougner, MD
Michael Privitera, MD
Charles Rothberg, MD
Maria Basile, MD
Donald Moore, MD
Frank Dowling, MD
Caroline Gomez-Di Cesare, MD
Santino Miyara, MD
Ernesto Molmenti, MD
Jeffry Selzer, MD

Absent
Brian White, MD
Arthur Hengerer, MD
Arthur Pinkhasov, MD
Mohammad Hubeishy, MD
Joseph Mannino, MD
Gerald Ortiz, MD
Lisa Samuels, MD
Naheed Van De Walle, MD
Luis Zapata, MD
William Streck, MD
Christopher Bell, MD
Mark Bertin, MD
Aaron Kumar, MD
Peter Ju
Bonnie Litvack, MD

Staff
Phillip Schuh, Executive Vice President
Pat Clancy, Sr. Vice President Public Health and Education
Terry Bendient, Vice President – Committee for Physicians Health
Melissa Hoffman, Public Health Associate
Brenda Van Nest, Upstate Outreach Representative
Raza Ali, Legislative Associate

1) Welcome

2) Adoption of Minutes of October 18th 2019 committee minutes. Moved by Dr. Privitera.
   Seconded by Dr. Basile. Minutes accepted.

3) Practice Transformation
   a) MSSNY, AMA and Physicians Foundation Initiative

   Mr. Philip Schuh informed the committee that MSSNY had received contract papers from the
   Physicians Foundation to coordinate a grant between MSSNY, the Physicians Foundation and
   the AMA on its Practice Transformation Initiative. Mr. Schuh said the first grant was for $80,000
   and that the Physicians Foundation had indicated that it was the first of potentially two years of
   activity. Mr. Schuh said that MSSNY will be filing the appropriate paperwork to begin receiving
money from the grant. Dr. Rothberg commended Ms. Clancy and staff for their work in obtaining the grant and the speed at which it was accomplished.

Dr. Rothberg briefly explained the Practice Transformation Initiative for the new members on the committee. He explained that the Practice Transformation Initiative is a collaboration between MSSNY, the Physicians Foundation and the AMA to recruit practices of a certain size to measure their performance on the Mini-Z before and after practice transformation and to utilize it as a means to reduce physician burnout. Dr. Rothberg expressed his excitement in having a contract signed and referred to the recruitment document in the agenda and asked Ms. Clancy to speak about it further. Ms. Clancy referred to the ‘At a Glance’ and the ‘Solutions to Increase the Joy in Medicine’ pieces in the agenda and said it will be sent to the practices that MSSNY believes would be interested in the program next week. Ms. Clancy explained that the ‘At a Glance’ piece is about the role that MSSNY would be playing in assisting Practice Transformation. She continued by explaining that components of the Practice Transformation program would be for the Medical Society to identify between four and seven practices consisting of 30 or more individuals to participate and adopt an intervention and implement it within their practice and there would be a pre and post survey conducted of their level of burnout and they would have the resources of the AMA and MSSNY and would have to participate in a day and half bootcamp. Ms. Clancy asked if any members on the committee knew of practices that would be interested, she would put them on the list and invite them to participate.

Dr. Rothberg asked how many practices have been targeted, Ms. Clancy said seven will be targeted but noted that she was unsure if all seven would participate. Dr. Rothberg said that it was reassuring that a framework was made. Dr. Rothberg eluded to a previous discussion on the possibility of repeating the 2016 survey of the membership during the project in an effort to gauge physicians outside of the initiative in terms of burnout.

Dr. Gomez-Di Cesare eluded to a discussion that was had in the organizational subcommittee on a similar plan instead of going through AMA, collaborations would happen between participating practices in New York State where physicians would share their experiences instead of going through the AMA and the Physicians Foundation. Dr. Gomez-Di Cesare asked if there was ever a discussion on potentially collaborating between New York practices and if there was ever a conclusion made. Ms. Clancy said that MSSNY would certainty bring forth any information learned to the committee as a matter of course and the committee would be updated periodically as to where each of the practices are and noted that nothing prohibits MSSNY from asking the practices to come back and share their experiences.

Dr. Privitera added that Dr. Gomez-Di Cesare was speaking about a consortium that is a community of practice to go forward and look at the organizational issues these systems are working in. He noted that the Practice Transformation Program targets an individual practice that have a different emphasis but are not exclusive of each other. Dr. Rothberg said that the study is well defined in terms of how we are supposed to enroll practices and the transformation program is based on the AMA’s Steps Forward Program. Dr. Rothberg noted in
relation to the consortium that it is the goal of MSSNY to participate in the program in order to have the proper infrastructure in place that can be scaled up or down and after that a consortium could be of benefit. Dr. Rothberg explained that MSSNY is the first large state to be enrolled in the program and five other states have begun work on it. Dr. Rothberg added that the AMA and the Physicians Foundation are looking at MSSNY for the data and noted that the committee’s involvement in this program does not foreclose the work Dr. Gomez-Di Cesare wants to achieve with a consortium it rather jumpstarts it.

Dr. Selzer asked if the AMA program has any provisions for practices to communicate with each other and share experiences. Dr. Basile said that the AMA’s Steps Forward program has a forum to discuss best practices, submit ideas or lessons learned and have contests for grants for different proposals that people have developed around improving the joy in healthcare. Ms. Clancy added that they have one and a half day bootcamp and each practice will be invited to join online and share their experiences and they will be provided feedback. Dr. Selzer asked when we are expected to have practices recruited by. Ms. Clancy said as quickly as possible. Dr. Rothberg added that the beginning of April would be the goal.

b) Educational programs

Ms. Clancy announced that there will be a kick-off Webinar on Tuesday, February 25th that will be led by Dr. Selzer and Ms. Hoffman added that they currently have 63 registrants. Ms. Clancy announced that Dr. White will be presenting the educational program as a live seminar on April 23rd at the House of Delegates from 3 to 4pm with the goal to roll it out to various county medical societies that may be interested in having the program presented a live seminar. Ms. Clancy added that MSSNY would have to identify physicians who would be willing to make the presentation and noted that if anyone was interested in serving as faculty a there will be money to pay for travel and hotel expenses as well as a small stipend for any physician. Ms. Clancy urged the committee to let her know if any physician would be interested in serving as a faculty member.

Dr. Selzer added that he welcomes all who are participate in the call to join the webinar on Tuesday. Dr. Selzer urged the committee to participate in the question and answer portion of the webinar. Ms. Clancy added that in order to participate in the webinar individuals will need to be signed into a computer in order for us to identify who is on the call. Dr. Selzer added that if a participant has a question to signal to Ms. Clancy or Ms. Hoffman.

c) Medical Students Peer to Peer Program

1) Minutes

Dr. Rothberg briefly went over the minutes. Dr. Rothberg explained the reasoning behind rolling out a peer to peer program with medical students, came from the fact that there are some impediments in the regulatory environment in terms of discovery and a sense of duty to report with licensees which students as non-licensees don’t have as a hurdle. Dr. Rothberg talked about MSSNY’s meeting with the commissioner of health where the commissioner expressed his strong concerns over physician burnout and though the commissioner did not make any commitments to a path but the idea to get MSSNY involved in the subject was very
positive. Dr. Rothberg explained that the commissioner has the authority to give our program exceptions from the hurdles. Dr. Rothberg went over the key points of the conference call where it was decided that the program would be rolled out in population centers where the medical schools are located. Dr. Rothberg referred to Dr. Katz of Mount Sinai who has experience in peer to peer programing where Jordan Feingold had done extensive work on wellness. Dr. Rothberg briefly explained that it was agreed upon that if medical students are trained as peers they can remain as peers beyond medical school. Dr. Rothberg explained that it was also agreed in the conference call that reaching out to the schools’ deans would be a good point to start in an effort to recruit members for the program however it would be noted that there isn’t uniformity among all student affair deans and it would be on a case by case basis. Dr. Rothberg asked Ms. Clancy if there had been a mechanism developed to pair people seeking peer support with counselors. Ms. Clancy said it is too soon and we will have to follow up later on. Dr. Rothberg ended by explaining that it was agreed in the conference call that records would not be kept in the program and what would happen if an emergency intervention was required and it would be based on retrospective data. Ms. Clancy said that there will be follow up meeting in the next couple of weeks.

Dr. Selzer added that it seemed to him that while Mount Sinai has wellness activities their peer program was focused on helping students connect to individual help rather than an ongoing peer support meeting which was the model we were thinking of, Dr. Selzer added that before we approach deans to have a better idea as to what the program is offering. Dr. Rothberg agreed and said that the next meeting will cover that.

Dr. Dowling added that Mount Sinai’s peer program doesn’t connect students to professionals, it is more traditional where an older student helps them connect to medical school resources, training, education and tutoring. Dr. Dowling noted that it is a platform that you could build from, but the program wasn’t used very often.

4) Resolution from Quality Committee – Maria Basile, MD

Dr. Basile brought forth two resolutions to bring up at the House of Delegates appealing to the Physician Wellness and Resilience Committee on behalf of the Quality Committee to co-author the resolutions.

The first resolution brought forth by Dr. Basile relates to MSSNY adopting policy acknowledging the quadruple aim of the quality of healthcare.

Dr. Basile briefly gave a background on the resolution explaining that in 2008 Dr. Donald Berwick with the Institute of Medicine had established three overarching goals to improve the design of healthcare systems which included; improving overall health populations outcomes, improving patient experience and reducing costs. Dr. Basile added that the quadruple aim introduces and includes the importance of physicians and all healthcare workers finding joy and meaning in their work. Dr. Basile said that we are trying to make it MSSNY policy so that it will be inclusive of the committee that is working on Practice Transformation as well as a state-wide collaboration in establishing physician wellness and improving the experience of practicing medicine as a definite guideline for improving healthcare.
Dr. Rothberg asked if there was any current language that exists for the resolution or if it needs to be created. Dr. Basile said that she is asking for help in creating the language.

Dr. Privitera agreed with Dr. Basile and explained that getting into C-Suite there needs to be a framework that they listen to and the quadruple aim was absent. Dr. Privitera added that some of the circles he’s been in discussions with relating to quality improvement and patient safety could help with crafting the language of the resolution. Dr. Privitera said that patient safety circles have caught on to the reason behind experience of providing care from a human factors point of view how it effects cognitive overload and how it adds to more stress, burnout and making mistakes with your patients. Dr. Privitera added that it has gotten out of the politics of equating our experience as that of our patients and noted that there is some pushback on it. Dr. Privitera said as it relates to the patient safety point of view, he has reached out to Third Conversation which is a combination of advocacy and clinicians working together to improve healthcare.

Dr. Dowling commended Dr. Basile and Dr. Privitera on the resolution and added that the committee should see if the AMA has policy endorsing the quadruple aim. Dr. Rothberg asked if anyone would be interested in helping draft the resolution to be developed before March 11th. Dr. Privitera, Dr. Dowling, and Dr. Gomez agreed to help.

Dr. Basile brought forth a second resolution relating to the idea of establishing physician wellness as a quality indicator and recommending that healthcare systems routinely measure physician wellness in their organization and to discuss challenges associated with implementation. Dr. Basile added that it goes with the quadruple aim but has a more descriptive and practical way of measuring that we acknowledge physician wellness as a guiding principle. Dr. Basile added that the idea that physician wellness is vital to the delivery of high-quality healthcare and policy that is already being built around.

Dr. Selzer urged caution on how the wellness would be measured as opposed to engagement and burnout. Dr. Selzer added that studies he’s seen have looked at engagement and burnout but wellness seems more nebulous in terms of measuring the data collected. Dr. Basile noted that if the resolution was broad the healthcare systems could decide the best way to measure wellness, engagement or burnout.

Dr. Privitera added that when the University of Rochester went through the process of trying to get a wellbeing instrument they came up with finally using PWBI(Physician Well Being Index) because it was validated against what the triple aim concerns were like risk for error and patient access issues.

Dr. Rothberg added that Dr. Basile’s resolution was concerned that there are many quality measures we are subjected to and physician wellness or well-being is not uniformly considered a metric and that it should be MSSNY policy without it being overly descriptive.
Ms. Clancy told Dr. Basile that she did receive the paper from Dr. Berger and will send it around.

Dr. Basile said that Dr. Berger had published an article on physician well-being in the journal of ethics and the bio-ethics committee is interested in both resolutions. Dr. Rothberg asked if the Bio-Ethics Committee would be interested in co-authoring the resolution. Ms. Clancy noted that she was not aware that the committee had discussed it. Dr. Rothberg noted that the language should be made simpler than the first resolution and asked if Dr. Basile and another member of the Quality Committee could formulate the language and refer it back to Dr. Selzer and Dr. Privitera by the end of February.

5) Baylor Study – Brian White, MD

Ms. Clancy noted that it was an interesting paper and she had noticed that email comments generated, and it would be good to discuss it though, Dr. White was not on the call.

6) Next Full Committee Meeting: May 15th 2020